porter records one such involving both choroid and retina and best described by the term "coloboma-like" rupture. He also reports a case of double circular combined with radial rupture.

Artificial (Suction) Hyperemia in Ocular Therapeutics.—HESSE (*Centralb. f. prak. Augenh.*, June, 1906), referring to Bier's method of artificial hyperemia as a therapeutic agent and its rapid adoption in every department of practical medicine, calls attention to the fact that ocular therapeutics forms an exception; not that attempts have not been made to render artificial hyperemia serviceable in the treatment of diseases of the eye, for RENNER (*Münch. med. Woch.*, 1906, No. 11) has attempted to produce hyperemia of the eye and its adnexæ by means of a rubber band around the neck and has observed what influence such "congestion" may exert upon various diseases of the eye. According to his observations this method of treatment exercises a favorable influence upon interstitial keratitis, to the extent that the cornea seemed to clear up more rapidly; in ulcus serpens, also, a favorable influence seems to be exerted, while eczematous and catarrhal ulcers and inveterate, corneal opacities appear to be uninfluenced. Renner's method, however, is not a satisfactory one in that it cannot be localized to the desired region nor accurately dosed. Its application may be, and has been, accompanied by certain undesirable consequences. For localization and dosing, Hesse has devised a special instrument consisting of a sort of dry cup made of glass, about 30 cm. in circumference; the free border is constructed to correspond to the margin of the orbit; a stout india-rubber tube is adjusted to the other extremity of the cup; the tube terminates in an india-rubber bulb, compression of which produces a partial vacuum. The bulb may be replaced by a suction pump. To cause the desired effect a pressure difference of 20 to 50 mm. Hg. is necessary. This can be readily attained by the apparatus. With 100 mm. Hg. conjunctival hemorrhage occurred in the writer's own eyes. For accurate measurement a T-tube manometer may be employed.

Applied to the closed lids, at the expiration of five minutes, the skin was strongly reddened and somewhat œdematous; after half an hour there was a bluish discoloration with increased œdema. The margins of the lid became slightly everted, swollen, and reddened. The effect upon the deeper parts was very slight. When the cup is applied to the open lids the effect is different. The lids present the same changes as before, but the deeper parts are also affected. The palpebral conjunctiva becomes strongly hyperemic and swollen. The bulbar conjunctiva shows at first vascular dilatation followed by a serous accumulation beneath the conjunctiva beginning at the fornix; in one-half hour the fluid has advanced to the margin of the cornea and presents the picture of an intense chemosis. The cornea becomes involved also; it appears œdematous and its surface is slightly dulled. The iris showed no visible changes in man; in the rabbit the pupil became decidedly smaller and the structure of the iris slightly obliterated, no doubt due to increase in volume from an excess of fluid. Involvement of the deeper vascular system was shown by the marked ciliary injection. No changes could be observed in the lens, vitreous, or retina. The tension was unaffected.

Under pathological conditions of the eye, especially vascular formations, increased filling of the vessels and succulence of the tissues were observed. The effect upon the deeper vessels in interstitial keratitis was the same, that is, increased fulness.

Hesse concludes from these observations and experiments that the new method is worthy of trial in numerous inflammatory diseases, phlegmon, furuncle, etc., dacryocystitis, blepharitis, the various forms of conjunctivitis, especially phlyctenular, and trachoma. Of diseases of the cornea it seems especially applicable in ulcers of whatever origin, perhaps also for the clearing of pannus or in interstitial keratitis in which condition the vascular formation would be furthered, a circumstance supposed to precede recovery. The influence upon the ciliary system of vessels and the increased secretion into the anterior chamber raise the hope that it may be of use in deeper inflammations, like iritis and cyclitis.

Glioma of the Retina.—AYRES (*Archiv. of Ophthal.*, July, 1906) reports 4 cases of this disease occurring in female children of about the same age, twenty to thirty months. Enucleation was performed in all. Three were cured and 1 died two weeks after operation. One is now fourteen years of age and in good health, a second is eight years of age and well, and in the third, ten months have elapsed since the operation and the child is perfectly well. Of 36 cases, in 60 patients, of glioma of the retina, reviewed by Collins, there were 8 living three to nineteen years after operation, including 2 cases of double enucleation; 6 more patients were known to be alive, but they had not yet reached the three-year limit. The same author appends a list of 25 successful cases in the hands of other oculists. Marshall continues the report of Collins: of 32 patients, 15 had exceeded the three-year limit, including 5 from whom both eyes had been removed. Of 467 cases described by Wintersteiner, 49 per cent. occurred in the first two years of life, 67 per cent. in the first three years—these include the congenital cases, which constitute about 7 per cent. of the entire number. The latter are possibly more numerous than these statistics show, being overlooked by lack of careful examination. The ophthalmoscope alone would reveal the earlier stages.

Dionin in Ophthalmic Practice.—HINSHELWOOD (*Brit. Med. Jour.*, May 12, 1906) has made extensive use of dionin introduced by Darier as an ocular analgesic, and is impressed with its great value in ophthalmic practice. Dionin (ethyl-morphine hydrochloride), a white, odorless crystalline powder freely soluble in water, may be employed, in 5 per cent. aqueous solution, or made up with vaselin as an ointment. It does not render the cornea or conjunctiva insensitive, and hence is of no use for the removal of foreign bodies or operations of any kind; but if pain the result of disease is present, dionin has a markedly soothing effect for several hours. It is not an anesthetic but a powerful analgesic. It neither dilates the pupil nor increases the tension. It can do no harm. After the first instillation it may cause a feeling of burning irritation followed by an intense chemosis; this need not cause the slightest alarm, as it rapidly subsides. It may even be welcomed as the analgesic effects of the drug seem greatest